

# FALL BENEFIT BREAKFAST 09

NAME(S)

TABLE #

HOME ADDRESS

CITY

STATE

ZIP

HOME PHONE

WORK PHONE

EMAIL

## Every gift counts toward our \$160,000 goal!

I would like to support the Foundation in the amount of:

\$5,000    \$2,500    \$1,000    \$500    \$250    \$100

other \$ \_\_\_\_\_

Enclosed is my **check**, payable to "The Make-A-Wish Foundation"

I would like my **credit card** to be charged in:  Full or \$ \_\_\_\_\_

Quarterly payments    Monthly payments    Bi-annual payments

**Card type:**  VISA    MASTERCARD    AMERICAN EXPRESS    DISCOVER

NAME ON CARD

CARD #

EXPIRATION DATE

BILLING ADDRESS (IF DIFFERENT FROM ABOVE)

SIGNATURE

## CONTINUE YOUR GIVING WITH CELEBRATED CHEFS



Enrollment is free and 5% of your bill is donated to Make-A-Wish® every time you dine at a participating restaurant.

Complete the donation form on the reverse side and check "Yes" to enroll for Celebrated Chefs.

Once enrolled, please enjoy your complimentary cookbook featuring all the participating restaurants. If you choose not to enroll, please leave the book behind.

celebrated  
chefs

**ENROLL ON THE REVERSE SIDE.**

## CORPORATE MATCH

My employer \_\_\_\_\_  
will match my gift.

Daytime phone (so we may contact you for your matching form) \_\_\_\_\_

## LIST REQUESTS

My gift is **ANONYMOUS**; do not include my name on published donor lists.

Publish my/our name(s) as: \_\_\_\_\_

The Make-A-Wish Foundation of Alaska, Montana, Northern Idaho & Washington is a 501(c)(3) nonprofit organization and your contribution is tax-deductible as allowed by law. Tax ID number: 91-1329433.

Please give this form to your Table Captain or return it to:



Make-A-Wish Foundation of Alaska, Montana,  
Northern Idaho & Washington  
811 First Avenue, Suite 520  
Seattle, WA 98104  
800.304.WISH  
[www.northwestwishes.org](http://www.northwestwishes.org)

**THANK YOU FOR YOUR DONATION.**

## CELEBRATED CHEFS' ENROLLMENT FORM

**Yes, I would like to support Make-A-Wish through Celebrated Chefs**  
We will use the information below to enroll you in the Celebrated Chefs' dining program. There is no charge to participate!

Credit card and email must be provided to enroll.

**Card type:**  VISA  MASTERCARD  AMERICAN EXPRESS

NAME ON CARD \_\_\_\_\_

CARD # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

EMAIL (required) \_\_\_\_\_

Confirmation e-mail will be sent to you directly from Celebrated Chefs.